

Fairfax Jail Diversion Program

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Carol Ulrich: President, NAMI-Northern Virginia
Steven Weiss: Forensic MH/SA Services - Fairfax ADC

ABCs of Jail Diversion

- Assess the local needs and community resources.
- Build coalitions between all stakeholders.
- Create solutions that address local needs and maximize the use of community resources.

Process Overview

- Identify stakeholders (sponsors).
- Obtain Sponsor Group buy-in.
- Delegate Work Group.
- Obtain Sponsor Group approval for Work Group solution.
- Get Funding.

Identified Stakeholders Include:

- Police
- Sheriff
- Fire & Rescue
- Public defender
- Court services
- Commonwealth attorney
- Magistrate
- Judges
- State and private psychiatric hospitals
- Shelter providers
- Family members
- Consumers
- OAR
- CSB forensic jail staff
- Crisis center staff
- Substance use counselors
- Other clinical staff.

Obtaining Sponsor Buy-in

- Recruited Sponsor Group at breakfast "Summit" (Nov. 2003)
- Met for Sponsor Group Kick-off (Jan. 2004)
- Agreed to Charter
 - Pre-booking diversion
 - Linkage to mental health services

Work Group

- All stakeholders represented
- Facilitated by CSB systems group
- Delegated *ad hoc* specialty workgroups

Work Group Activities

- Gather data on needs and resources.
- Define beneficiary population.
- Determine “the ideal” and “the possible.”
- Develop proposed solution.
- Check in with stakeholders.
- Present solution to Sponsor Group for approval.

Beneficiary Population

- Adults displaying behaviors associated with a serious mental disorder who have committed a non-violent misdemeanor offense.

Essence of Solution

- Expanded crisis intervention training of police officers
- A secure center for 24/7 rapid transfer of custody by police
- Resources for clinical assessment of individuals and linkage to community resources
- Services for individuals discharged from the center

Assessment and Triage Center (ATC) *[working title]*

- 24/7 no-refusal drop-off
 - At start-up: only during peak hours
 - Sworn Officer for transfer of custody
 - ECO or consumer's option
- 23 hour maximum stay
- Located in existing Mental Health Center

Services at the ATC

Assessment of individual's needs; linkage to mental health services; assertive case management.

- Crisis intervention
- Risk assessment
- Substance abuse assessment
- Psychiatric evaluation
- Psychiatric medication – evaluation, prescription, dispensation

Services at the ATC *(continued)*

- Referral to Detox
- Referral to Crisis Care
- Referral for voluntary psychiatric hospitalization
- Referral for involuntary psychiatric hospitalization

Proposed Center Staff

- Psychiatrist – existing Woodburn Center staff
- Mental Health Clinician – existing Woodburn Center staff
 - Skilled in substance abuse/dual diagnosis
- Law Enforcement Officer
- Assertive Case Managers

Crisis Intervention Team

- Police Department training team attended Houston training.
- Planning under way for Fairfax training includes:
 - Volunteer officers
 - Consumer/family involvement

Stakeholder Check-Ins

- Consumer Groups
- Family Groups
- Hospital psychiatric units
- Homeless shelters

Follow-On Actions

- Develop and ensure capacity for needed services for individuals who are discharged from the center (e.g., housing, hospital beds, community based care).
- Bring Commonwealth Attorney and judges on board.
- Provide 24/7 law enforcement presence at ATC.